

TAYLOR MACHINE WORKS, INC.

Dealer Name: DealerAddress: Dealer Phone: Email:		Customer Na	Customer Name:		
		Customer Add	Customer Phone:		
		Customer Pho			
		Contact Name			
	Date:		l:		
	DN:	TRANSMISS	ION INFORMATION:		
Model:	Serial Number:	Model:	Serial Number:		
Hours:	_ In Service Date:	Hours:	In Service Date:		
If the transmission is a R of replacement, and proc	of of the installation of new hoses ar	roof of the replacer nd cooler.	ment including invoice, machine hours, at the time		
If applicable, does the tra	ansmission function properly when t stic test, the APC must be bypassed	he APC is bypass I and the machine			
	s have power when in the correct ge	•	·		
	ck the resistance of like coil for com	-			
Are they within	range? 🔲 Y	es 🗆 No			
Was a good gro	ound present at all solenoids?	es 🛛 No			
What kind of oil is currer What is the charge pump	ntly in the transmission? pressure?				
•	nechanism from the actuator and lea				
What is the clutch pack	pressure for the following? (If not ap	plicable to transmi	ission, leave blank.):		
Forward:		Reverse:			
First:		Second:			
Third:		_ Fourth:	Fourth:		

What is the converter out pressure and flow at full engine RPM?

Remove the transmission fluid and describe any foreign particles:

Remove the suction strainer and describe any foreign particles found on the screen (i.e. metal, fiber, rubber, etc.):

While straining the fluid to catch contaminates, remove the transmission filter and describe any foreign particles found when emptying:

Have you spoken with a Taylor field service technician for troubleshooting? If yes, provide the name of the technician and date they were spoken to:

N	ar	ne	e:

Date:

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY FOR WARRANTY CONSIDERATION. THIS FORM MUST BE SUBMITTED WITH WARRANTY CLAIM DOCUMENTATION.